

Licensee Details

Demographic Information

Title:	First: Vivianne	Middle:	Last: Clark	Suffix:
DOB:	SSN:	Gender: genderF	POB:	
Citizenship Status:		Ethnicity:	Home State:	
Name: Vivianne Clark		Owner:		
FEIN:		MID #:	Type:	

Address Information

License Information

DBA: Vivianne Clark	Profession: Pharmacy	Type: Controlled Substance	Secondary:
Lic #: CS00215298	Issued: 3/9/2010	Expiry: 8/31/2017	Effective: 3/9/2010
Status: Active	Date: 3/9/2010	Renewed: 7/22/2016	Deg. Suff:
Reason: License Issuance	State:	Country:	LOA Issue:
Method: Application	Result:	Effective:	LOA Expiry:

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

Dea No:	Drug Schedule 1:	Drug Schedule 2:	Drug Schedule 3:	Drug Schedule 4:	Drug Schedule 5:
	flagN	flagY	flagY	flagY	flagY
Drug Schedule 3n:	Drug Schedule 4:	Drug Schedule 5:	Drug Schedule 3:	Drug Schedule 4:	Drug Schedule 5:
	flagY	flagY	flagY	flagY	flagY

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias: Vivianne Clark

Aliases

Alias: Vivianne Clark

Related Documents

No Related Documents

Documentum

No Related MLO Documents

CE Courses

Course	Title	Credit Hours	Category	Date Completed
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CE Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed
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Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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